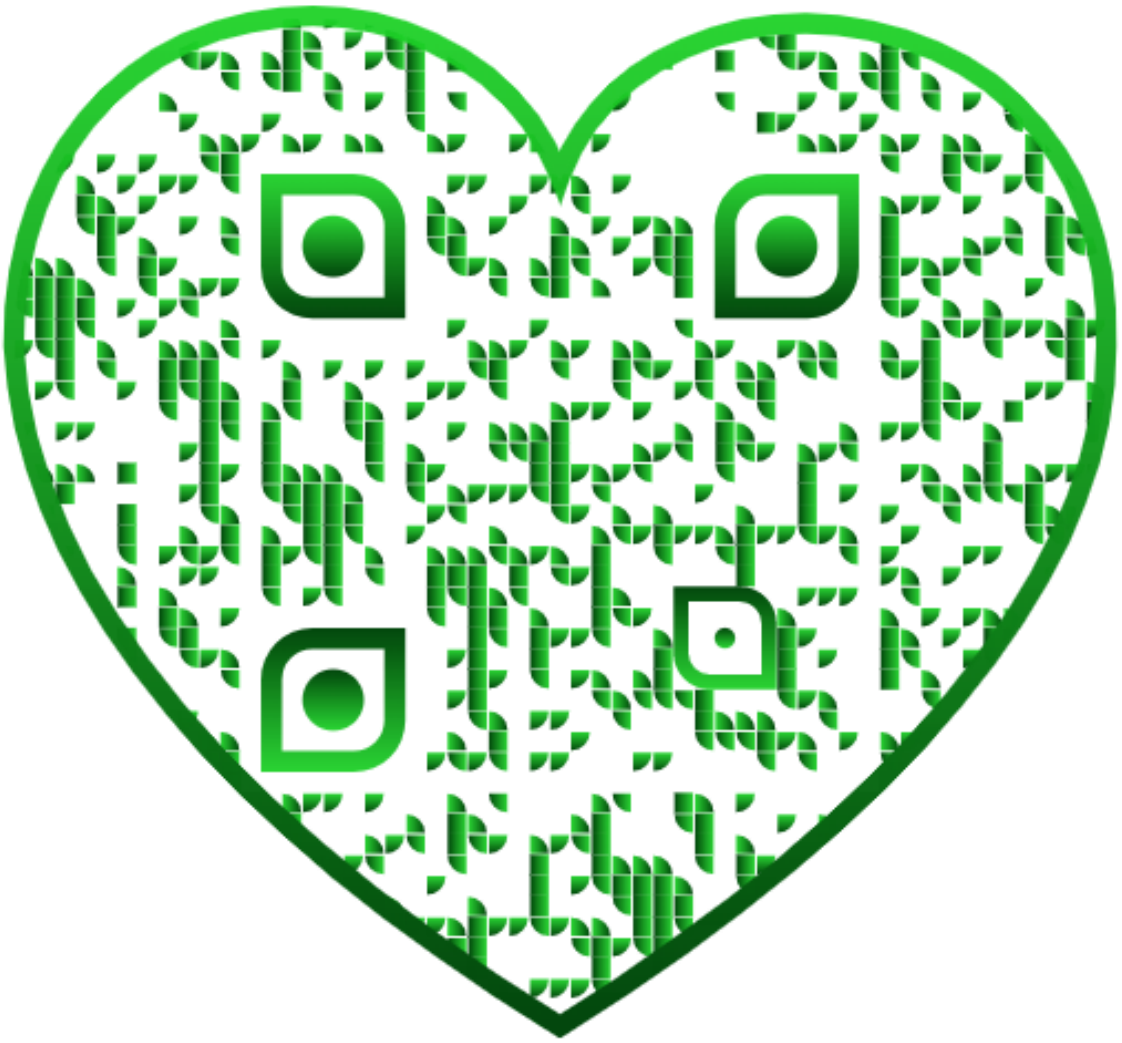
PHARYNX

ABDLWHB QUSHAISH



♦DIAGNOSIS : Fissured tongue

♦ description : asymptomatic only pain if eat spicy food

♦TREATMENT.:: No treatment analgesic if there is pain

1 ص 7:28

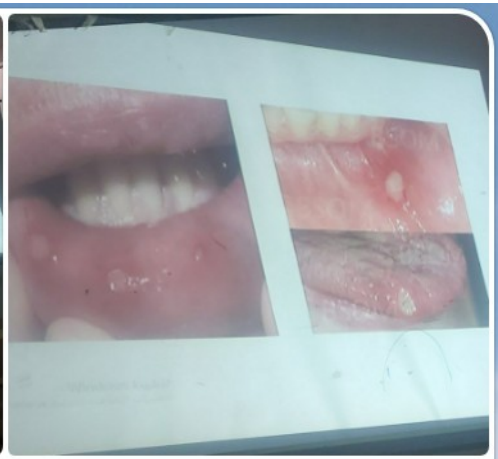
♦. DIAGNOSIS : BLACK HAIRY TONGU

♦ CHARACTER : hypertrophy of papilla Normal condition there is No Symptoms

♦TREATMENT :reassurance

ايضا تستخدم فرشاة لسان مع تغذية جيدة

1 ص 7:28



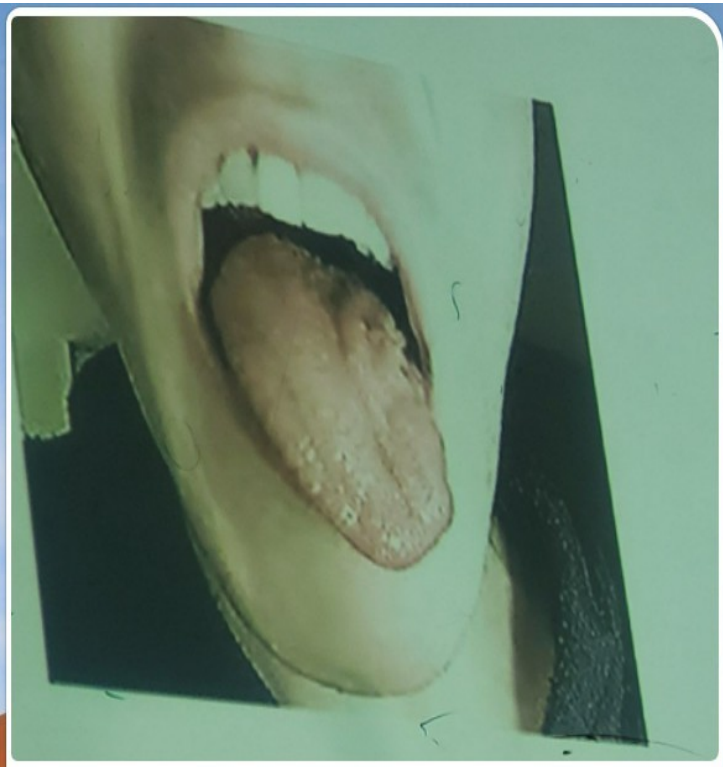
♦DIAGNOSIS : aphthous ulcer
♦CAUSES : VIRAL
♦Predisposing factors:
low immunity
Stress
Vitamin B and Iron defecincy
GIT proplems

♦ CHARACTERS :
whitlish center
Erythematous edge
Severe pain

♦DD : fungal , maligenancy , trumatic

♦ TREATMENT :
acyclovir ointment
Analgesic

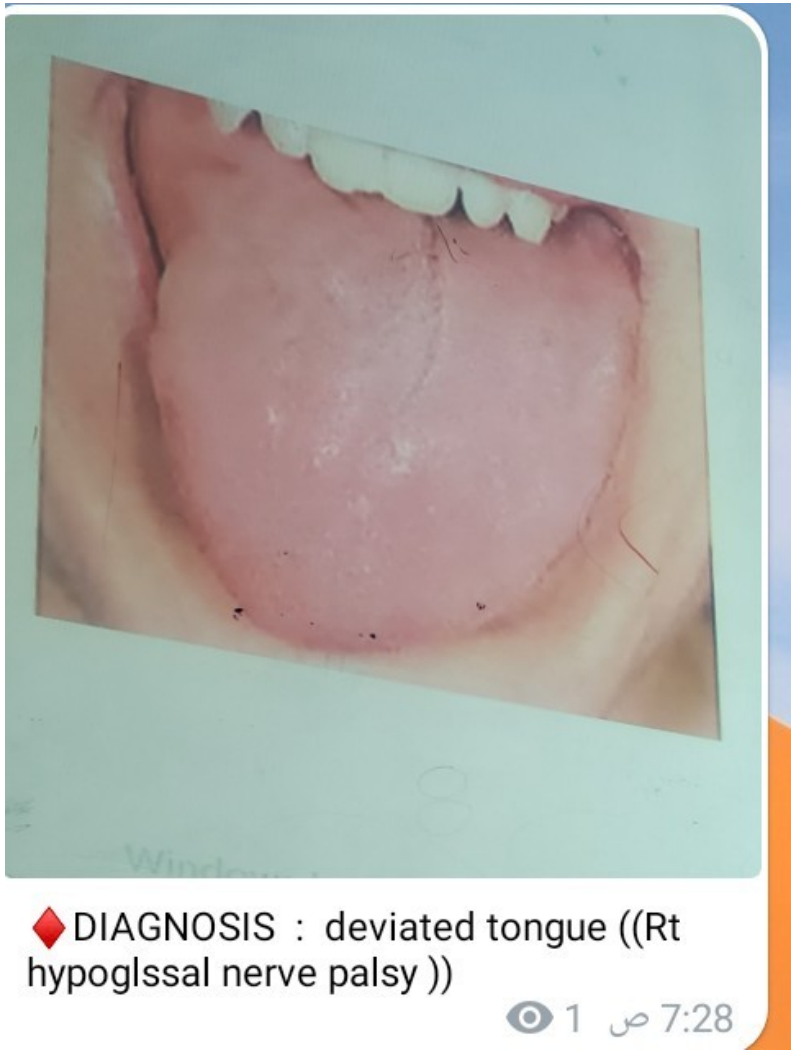
1 ص 7:28



♦ DIAGNOSIS : Deviated tongue ((Lt hypoglssal Nerv paralysis))

Tongue deviated to the abnormal side(paralysis side)

1 ص 7:28

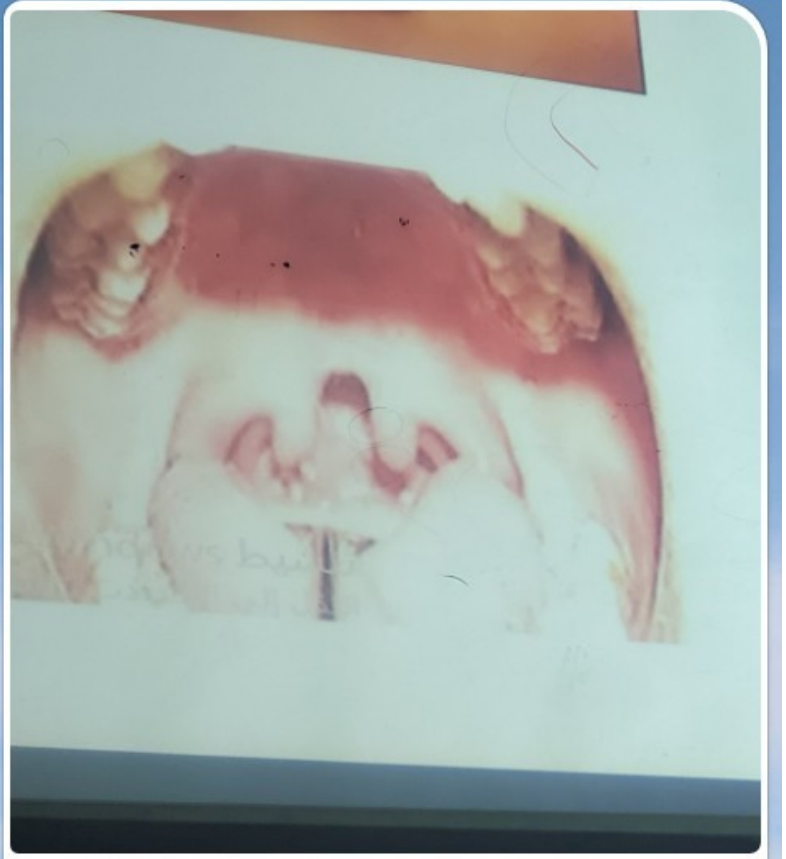


♦DIAGNOSIS : deviated tongue ((Rt hypoglssal nerve palsy))

1 ص 7:28

♦. DIAGNOSIS : Bifid uvula

1 ص 7:28

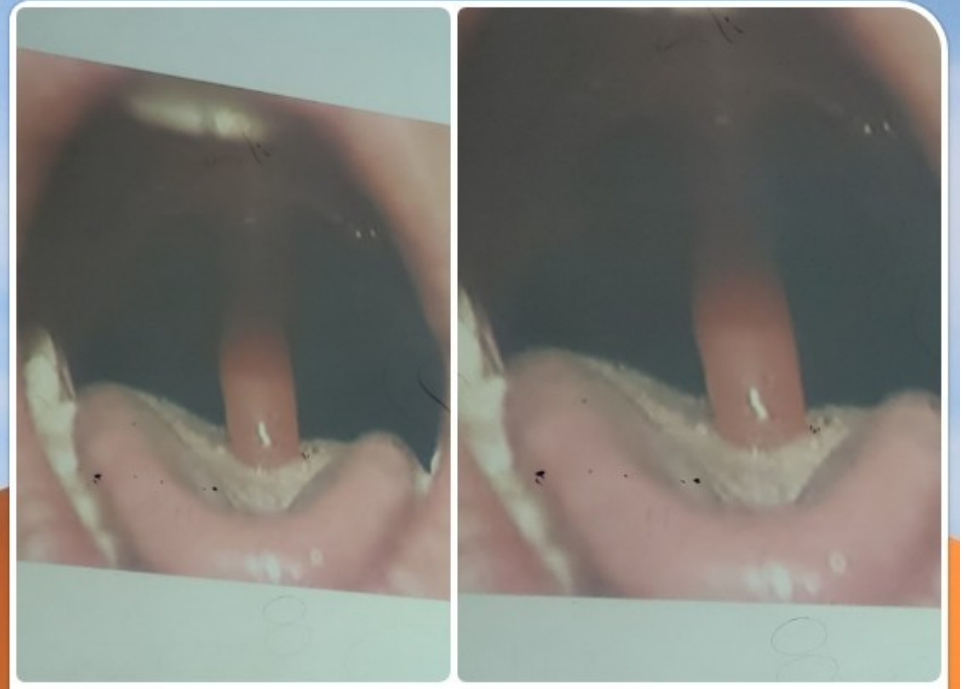


♦DIAGNOSIS : Bifid cleft palat--like submucosal cleft palate ((congenital anomaly))

♦ INVESTIGATION : by digital palpation

♦TREATMENT : Partial adenoidectomy

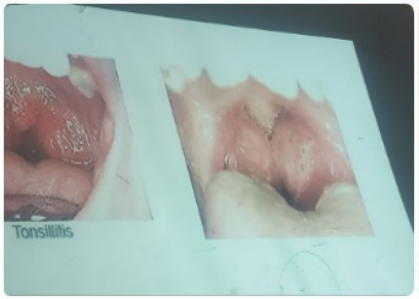
1 ص 7:28

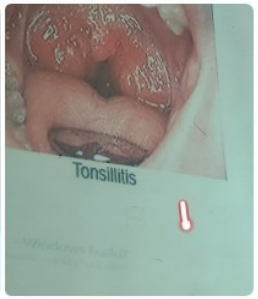


♦DIAGNOSIS :Elongated uvula

♦Characterestic feature: Irritating cough and Forigen body sensation

1 ص 7:28



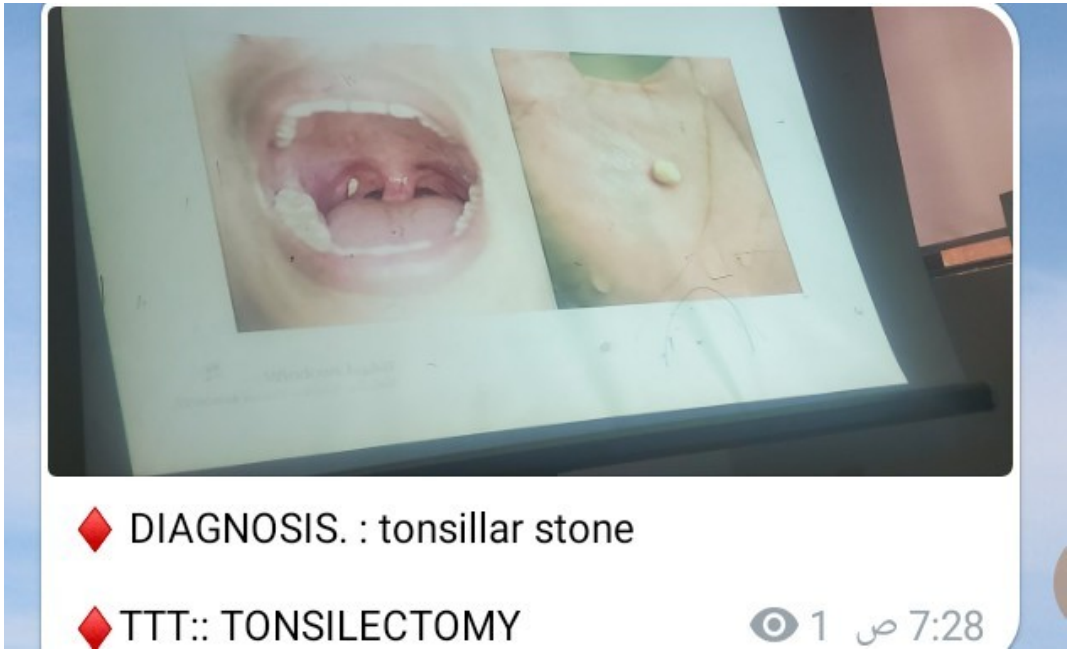


♦ DIAGNOSIS :
1. Acute tonsilitis

2. Chronic hypertrophic tonsilitis or called ((kissing tonsilitis))

♦ SIGN OF KISSING TONSILITIS
1. Congested anterior pillar
2. Deep crept
3. Oozing discharge
4.asymmetrical in siza
5. Hypertrophy or atrophic
6. Swelling
7. Cervical lymph node in children

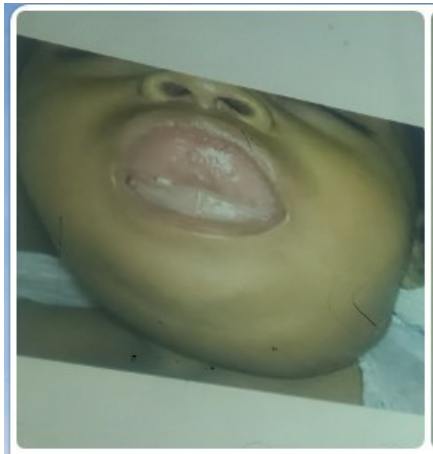
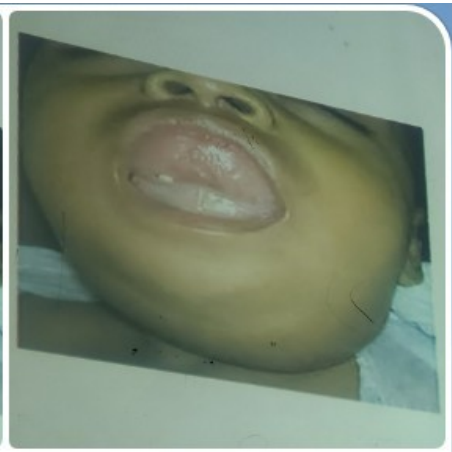
1 ص 7:28



♦ DIAGNOSIS. : tonsillar stone

♦ TTT:: TONSILECTOMY

1 ص 7:28

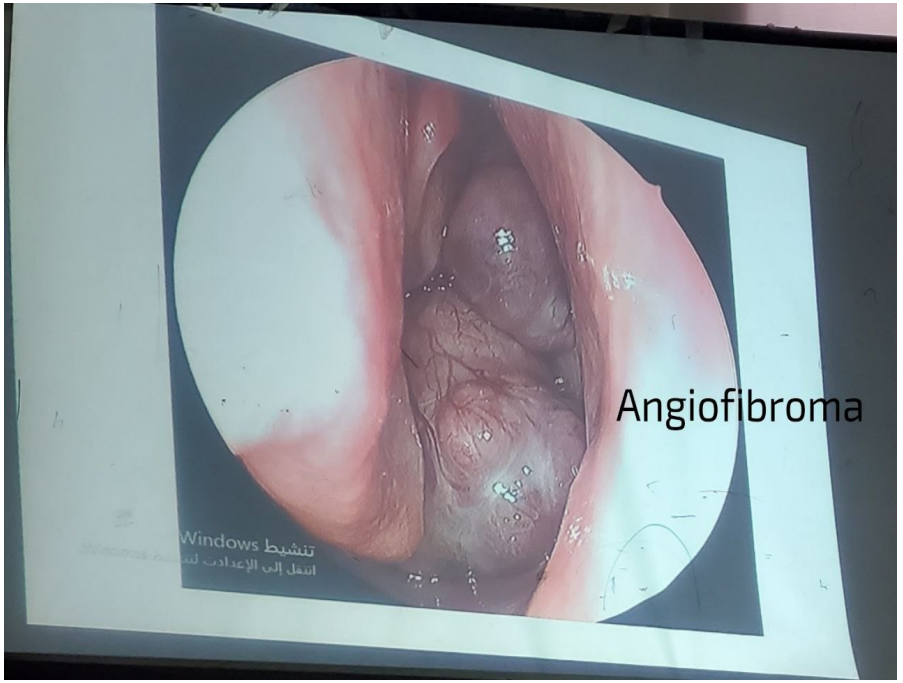



♦DIAGNOSIS : Subamandibular abscess ((leudwigs angina))

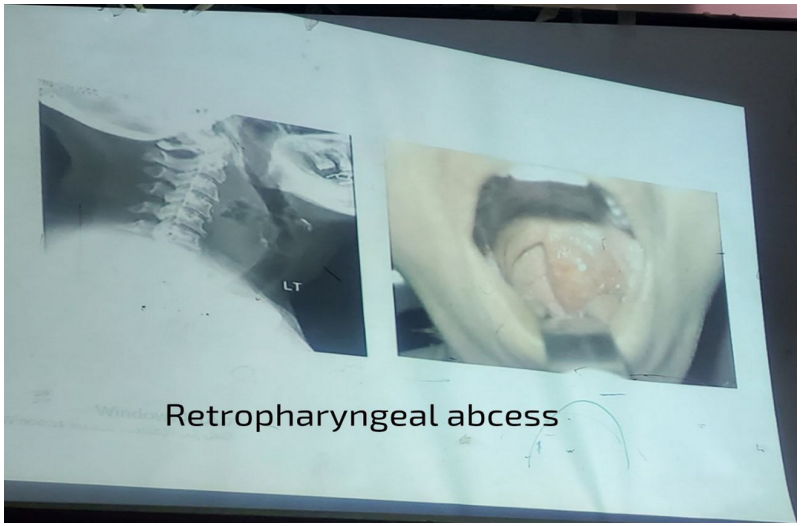
♦ DEFINE : Submandibular cellulitis could be changes to pus lead to couse respiratory apnea

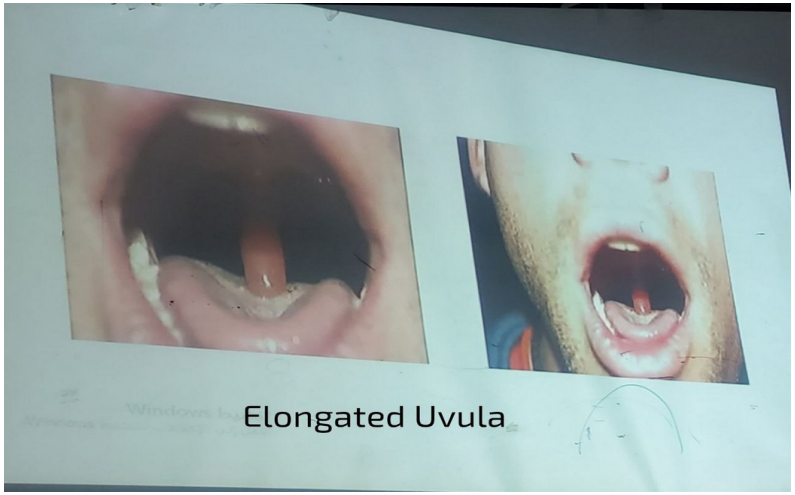
♦TREATMENT :
In sever cases :tracheostomy
In mild cases :endotracheal intubation
Under general anesthesia
Managemet : insicion and drainage

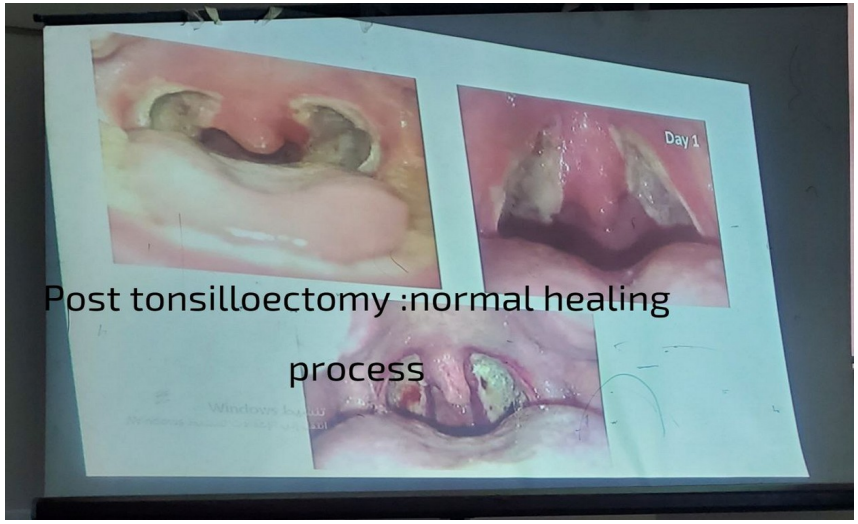
1 ص 7:28

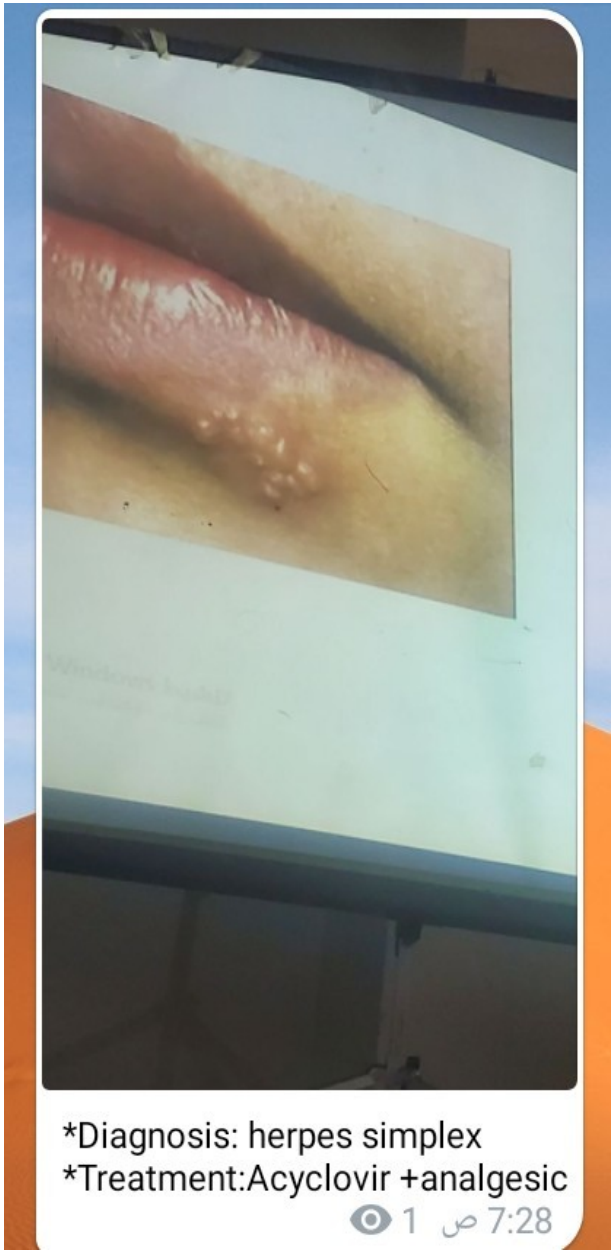


Sign of chroinc tonsilits (stones)


LT
Retropharyngeal abcess

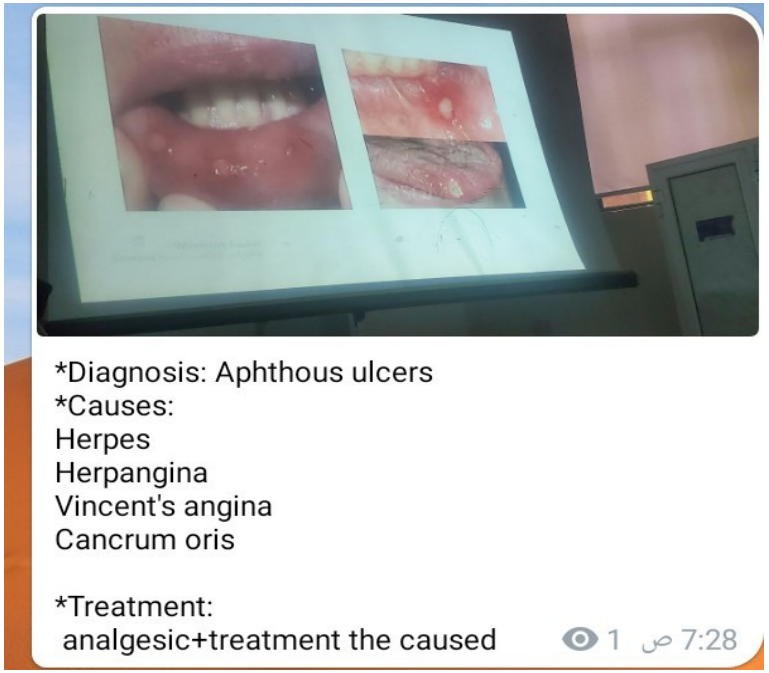

Elongated Uvula


Day 1
Post tonsilloectomy :normal healing
process



*Diagnosis: herpes simplex
*Treatment:Acyclovir +analgesic

1 ص 7:28



*Diagnosis: Aphthous ulcers
*Causes:
Herpes
Herpangina
Vincent's angina
Cancrum oris

*Treatment:
analgesic+treatment the caused

1 ص 7:28

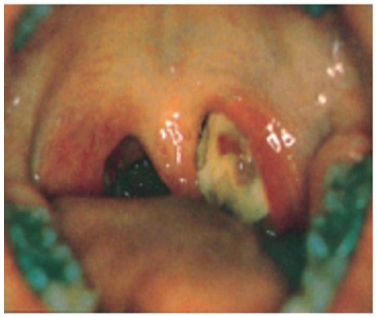
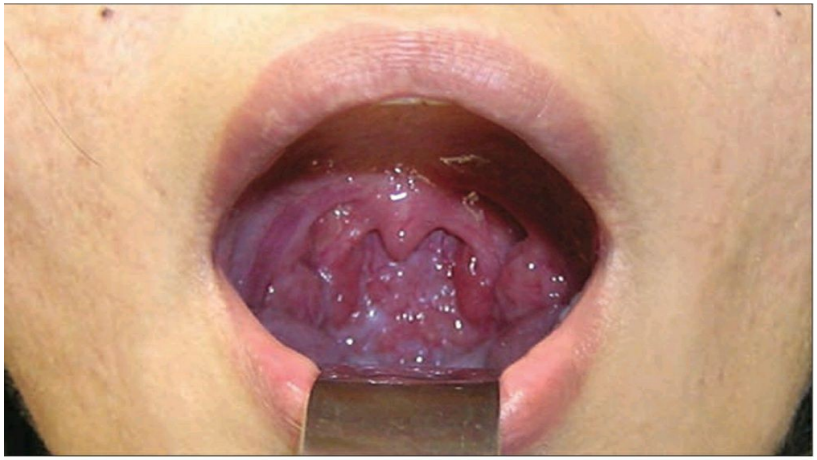
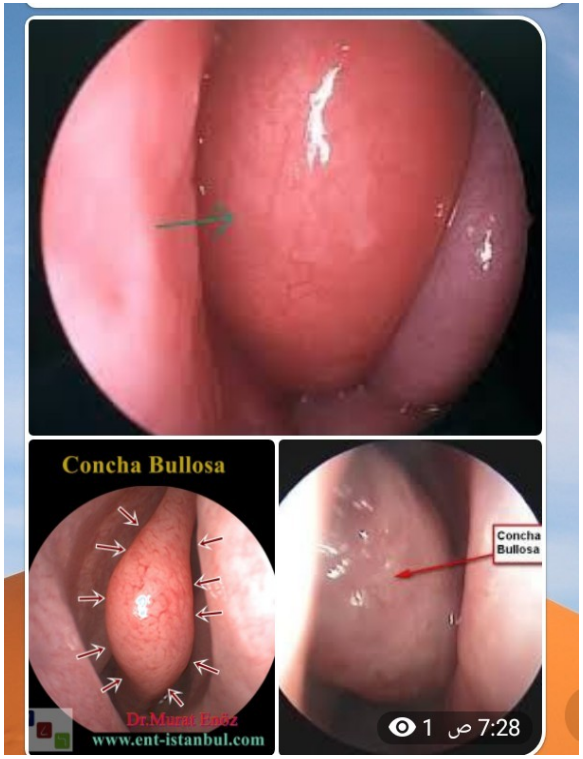
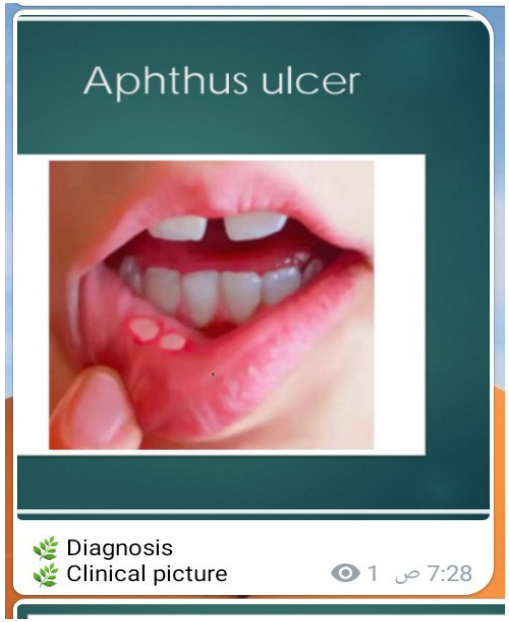


Fig. 4.**54a, b Infectious mononucleosis.**



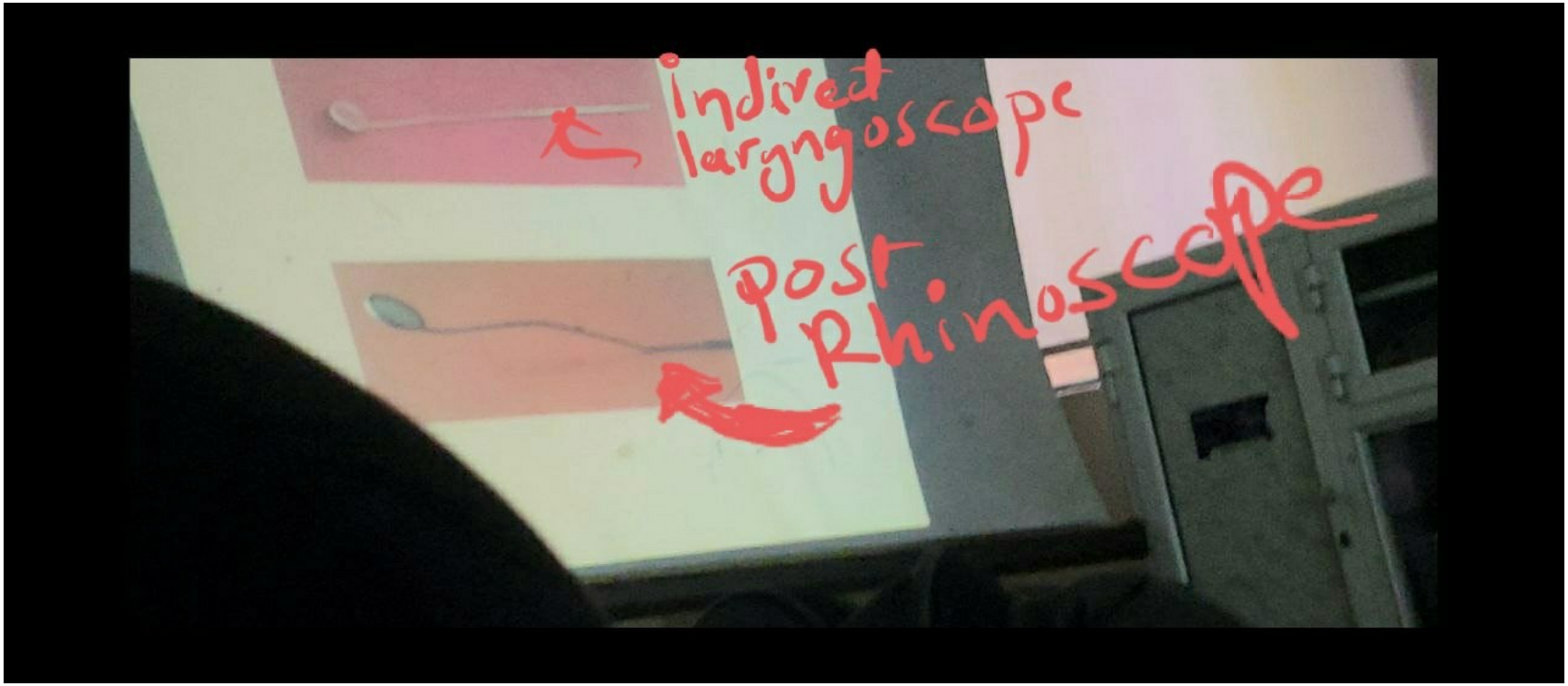
7.1 Acute pharyngitis showing diffuse erythema with prominent lymphoid follicles.

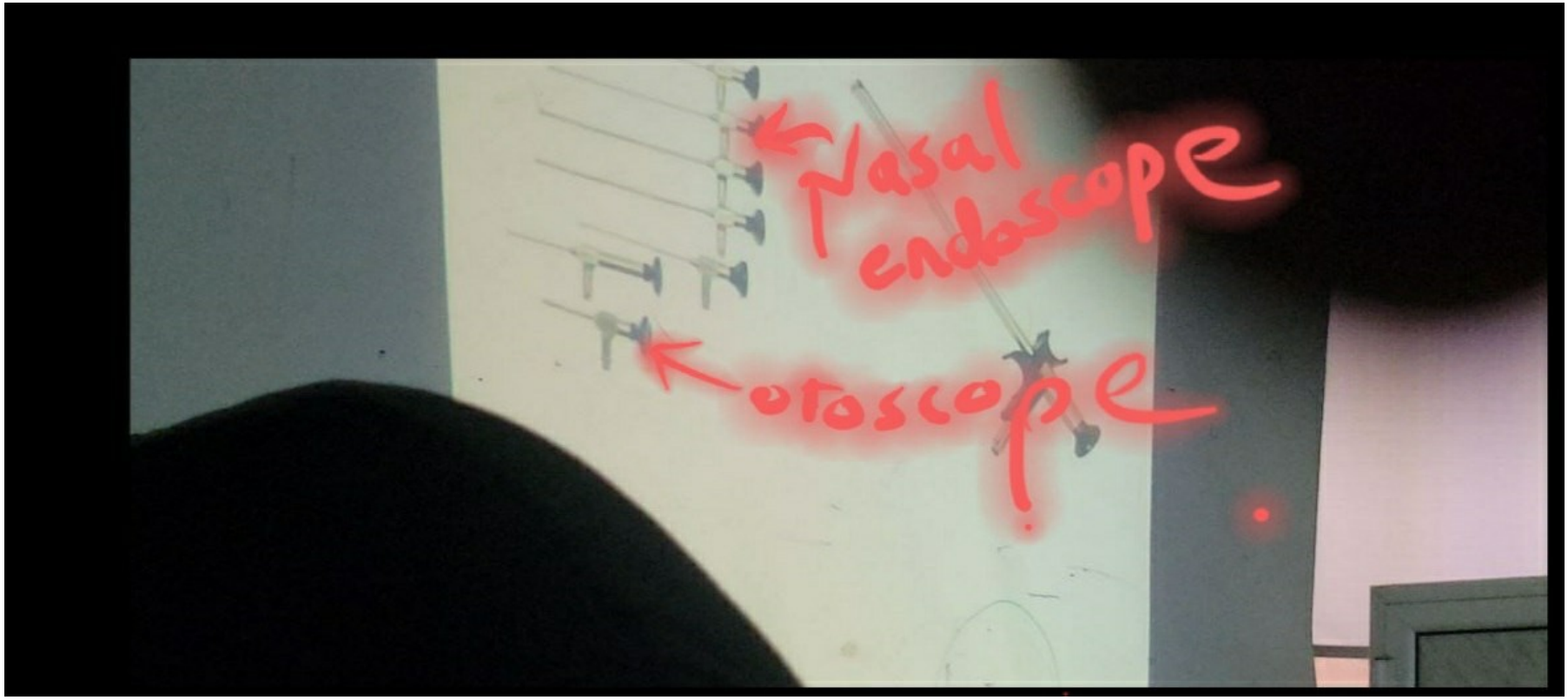


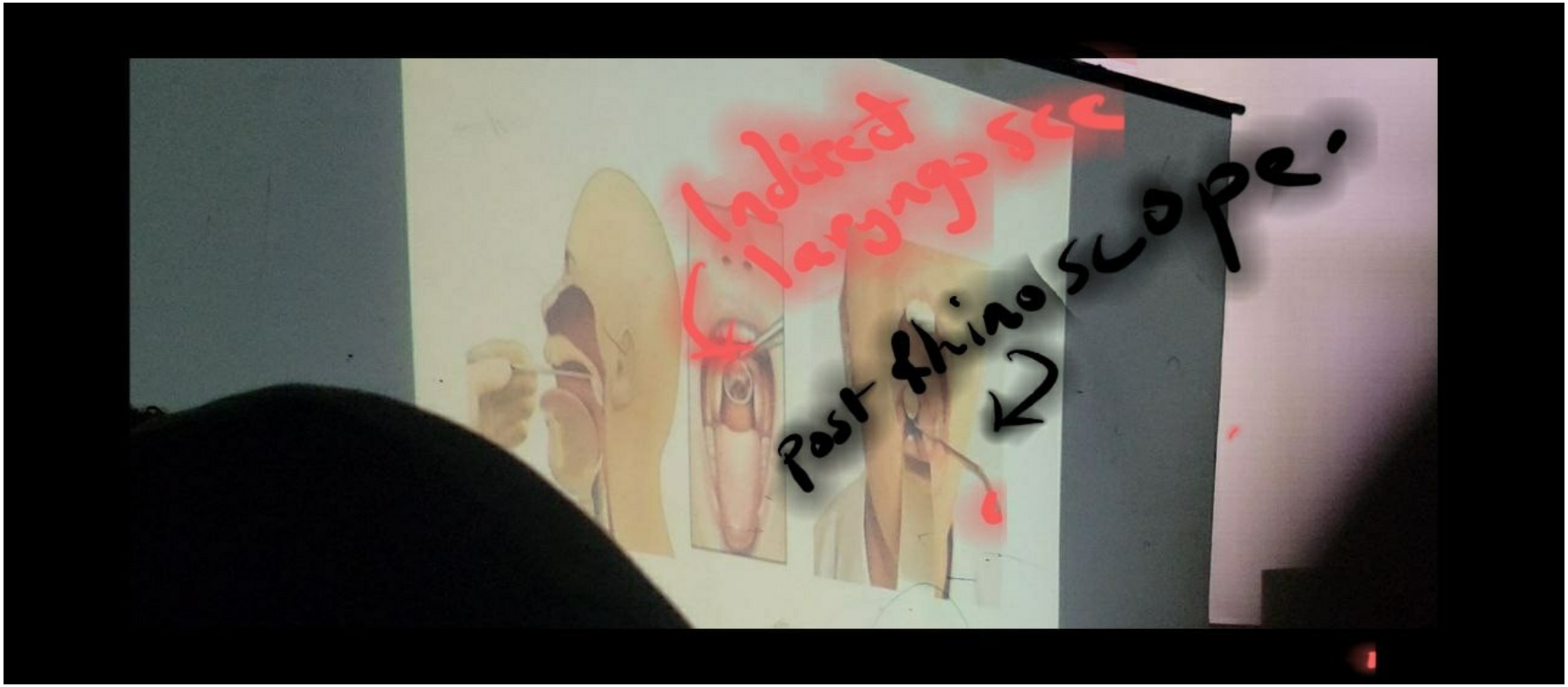


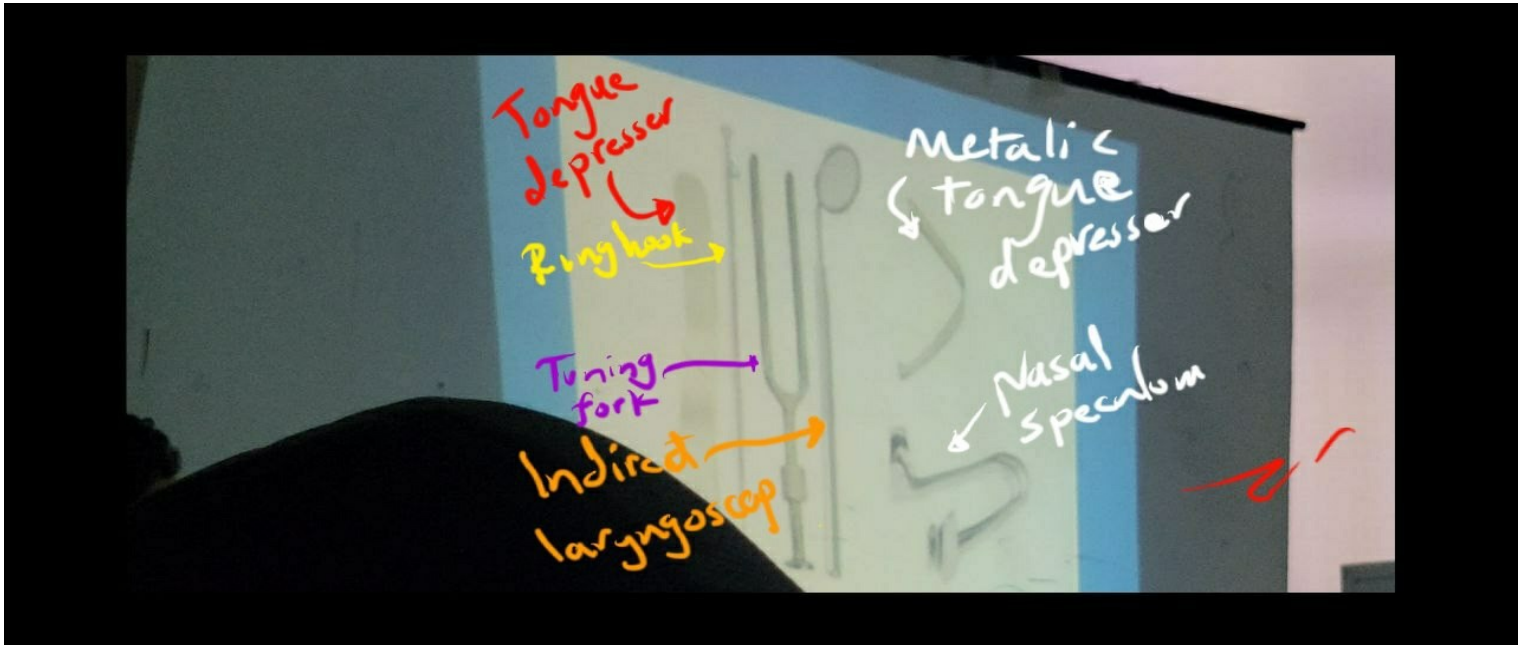
🌿Diagnosis
🌿Describe and clinical picture
🌿 Predesposing factor or " causes "

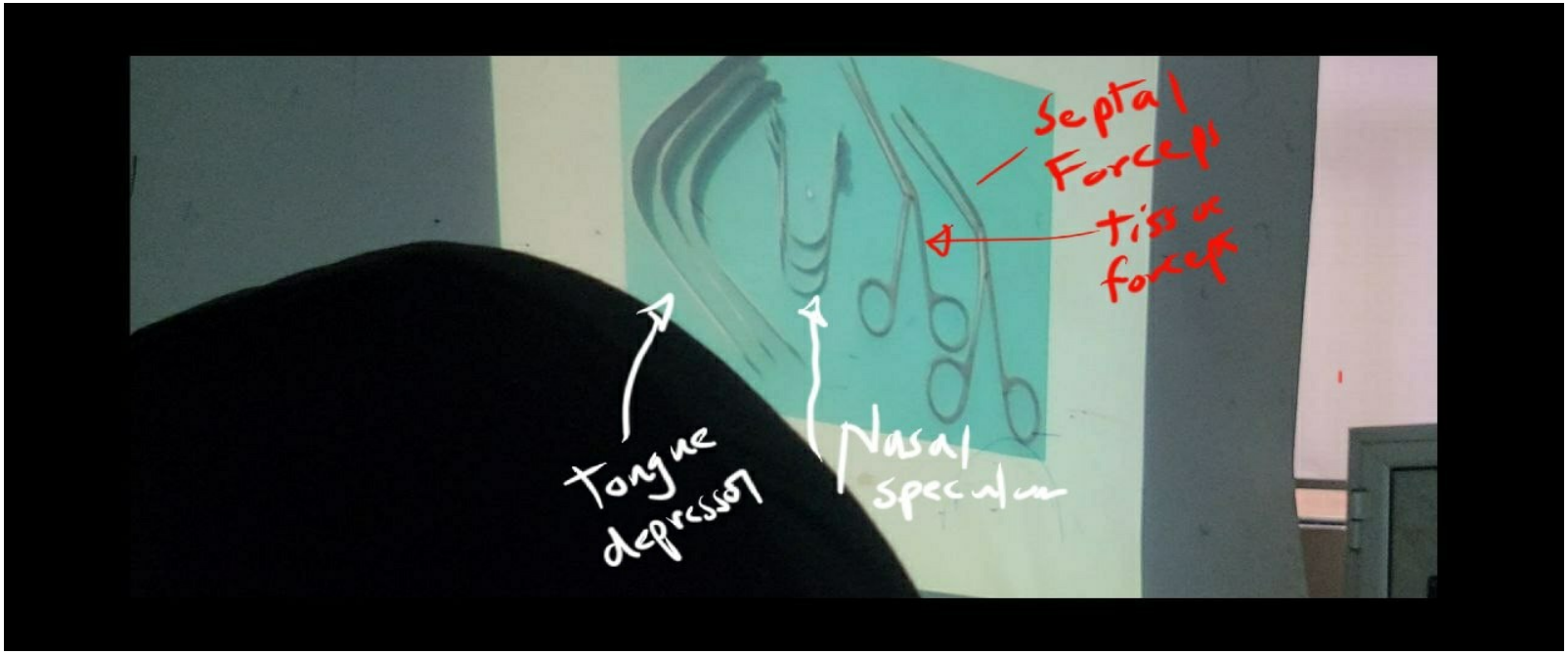
1 ص 7:28

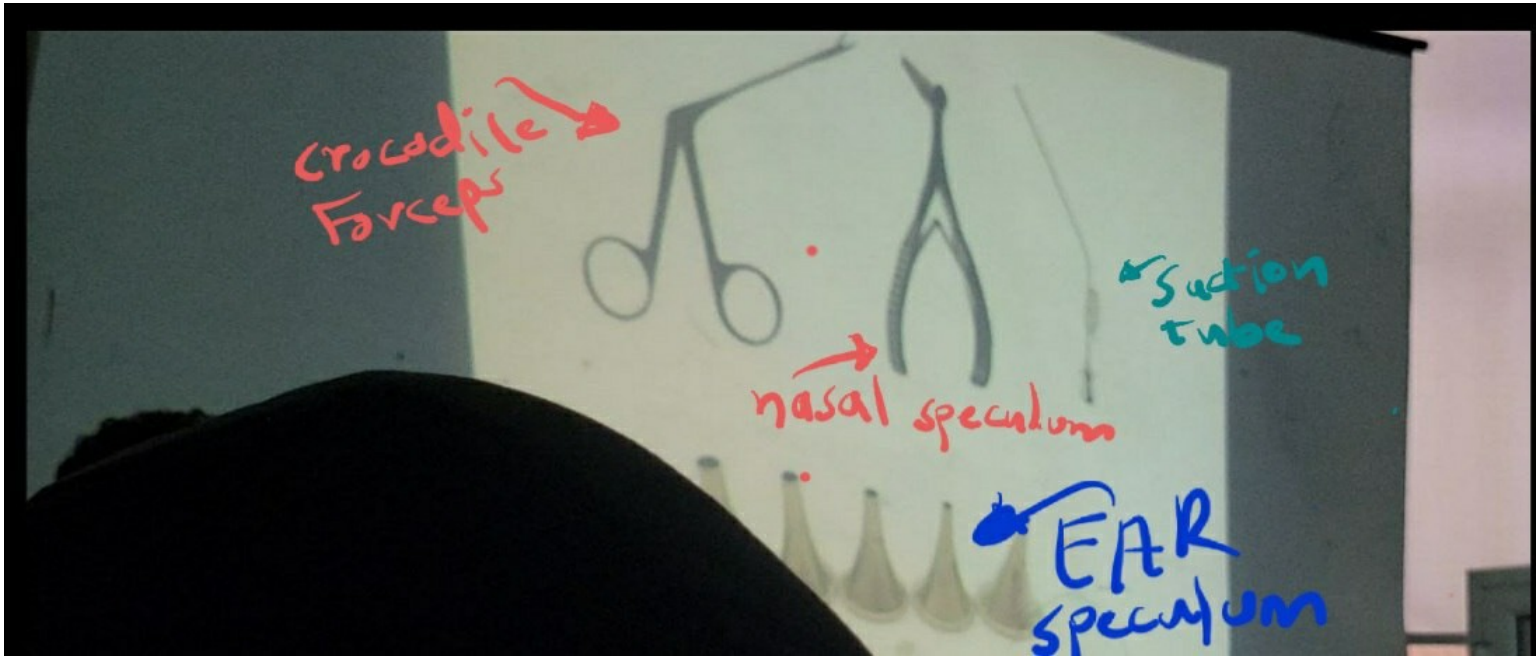

Indirect laryngoscope
Post. Rhinoscope

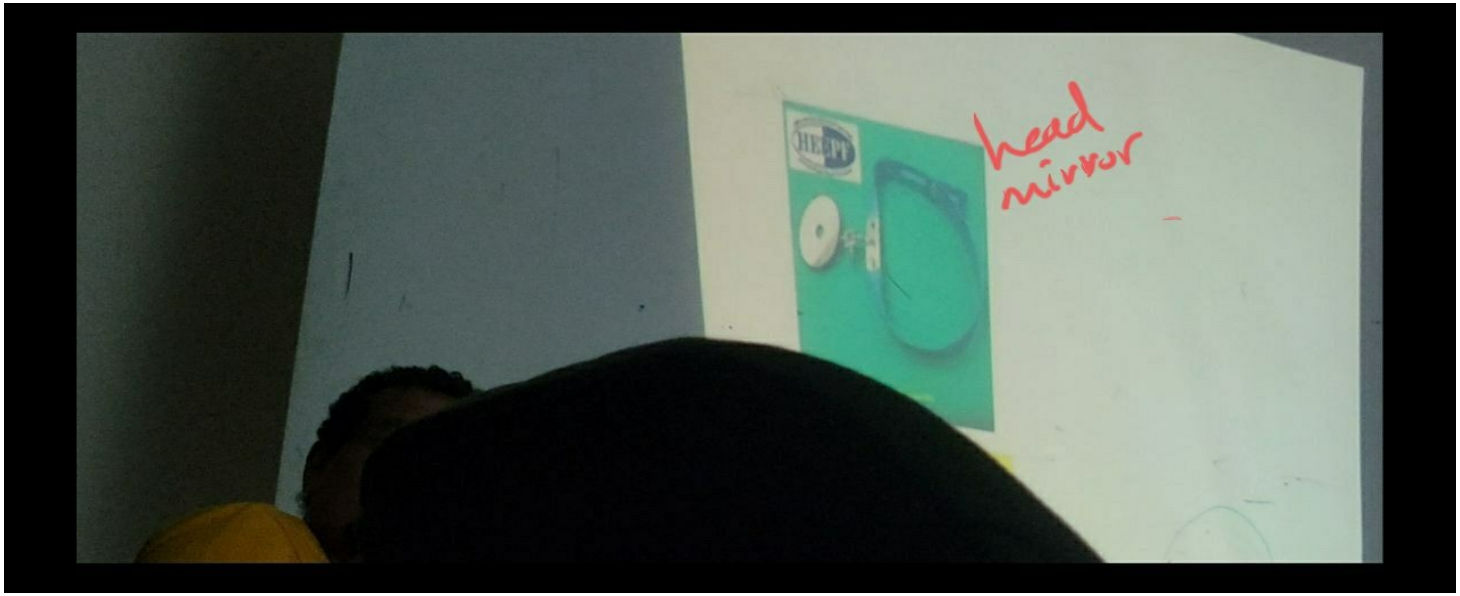

Nasal endoscope
otoscope

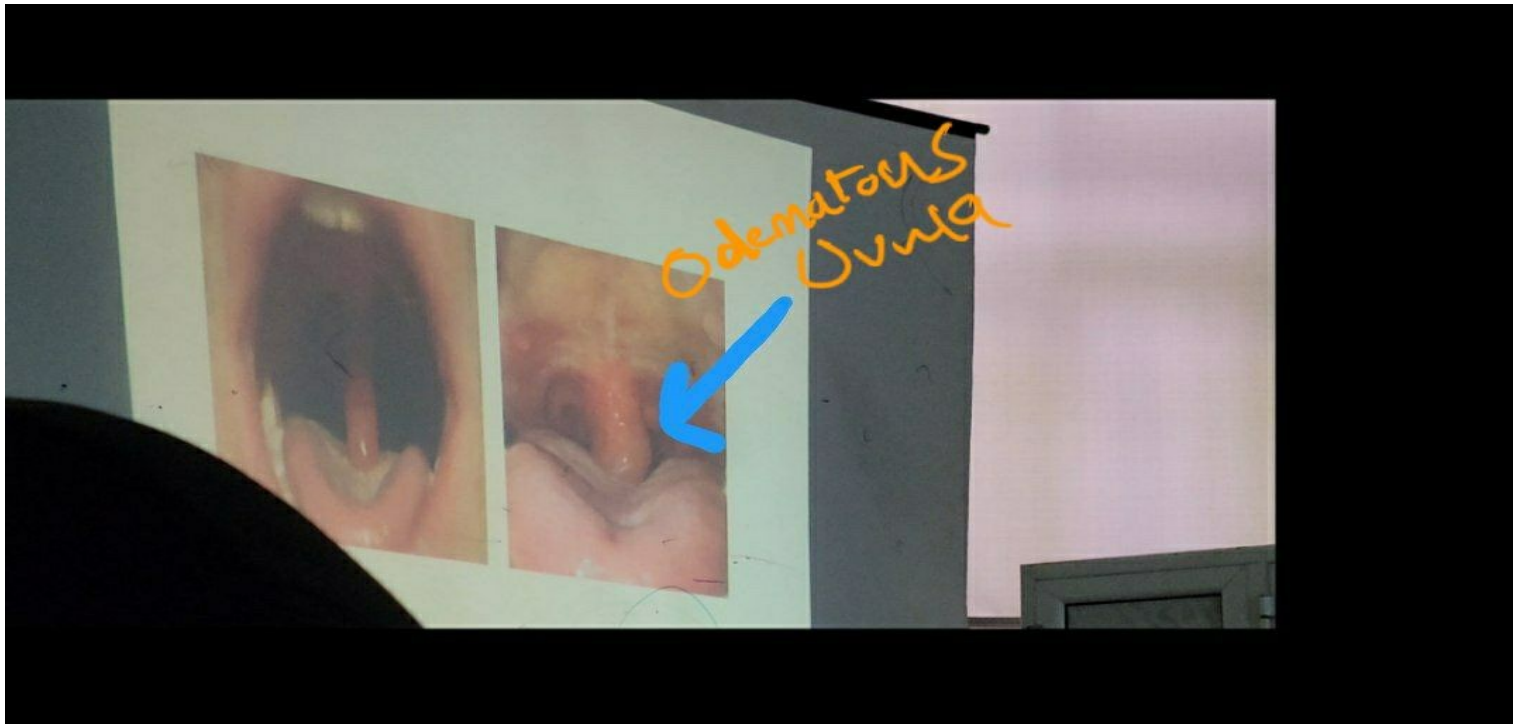

Indirect laryngoscope
Post rhinoscope.


Tongue depresser
Ring hook
Tuning fork
Indirect laryngoscop
Metalic tongue depressor
Nasal speculum


Septal Forcep
tissue forcep
Tongue depressor
Nasal speculum


Crocodile Forceps
Suction tube
nasal speculum
EAR speculum


head mirror


Odematous
Uvula

Tonsillolith
(F.B)

An adult lady presenting with left side parapharyngeal abscess

2. Acute Pharyngitis

Description: Photograph of the oropharynx show diffuse redness and inflamed mucosa of the pharynx with mucopus and follicular aggregations in posterior wall. Mild tonsillar enlargement.

Causes:

1. **Simple acute pharyngitis:** cold air, irritation from fumes, smoky atmosphere or postnasal drip, gastro-oesophageal reflux.
2. **Infective pharyngitis:** Streptococcus (Group A, beta-haemolyticus), viral infection.

Clinical Features

- Symptoms:
  - Sore throat, slight pain on swallowing in non-infective type.
  - Headache, malaise and high fever, severe odynophagia and LAP in infective type.
- Signs:
  - Erythema, exudate
  - Enlargement of tonsils and lymphoid follicles on the posterior pharyngeal wall.
  - ***Very severe* cases** show oedema of soft palate and uvula with enlargement of cervical nodes.

Treatment:

1. Remove the cause
2. Bed rest, plenty of fluids, warm saline gargles or paracetamol gargles.
3. Infective pharyngitis: *mild cases:* Symptomatic, if *severe:* Antibiotics in form of penicillin.

3. Chronic Pharyngitis

Description

Chronic catarrhal pharyngitis	Chronic hypertrophic pharyngitis
Congestion of posterior pharyngeal wall with engorgement of vessels Faucial pillars may be thickened There is increased mucus secretion.	Thick and oedematous with congested mucosa and dilated vessels. Posterior pharyngeal wall may be studded with reddish nodules.

Causes:

1. **Persistent infection in the neighbourhood:** Chronic rhinitis, sinusitis, tonsillitis and dental sepsis.
2. **Chronic irritants:** Excessive smoking, GERD, post nasal drop
3. **Mouth breathing**
4. **Faulty voice production**
5. **Environmental pollution:** Smoky or dusty environment

Clinical Features: Sore throat, Discomfort or pain in the throat and foreign body sensation in throat.

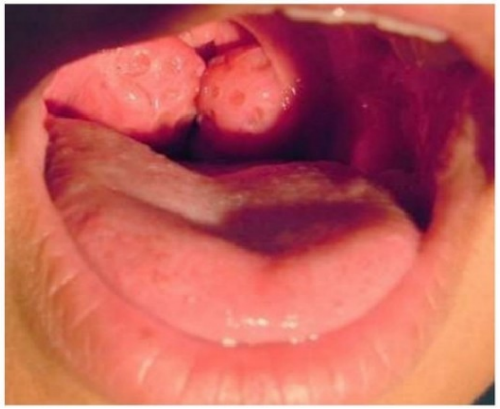
Treatment:

1. Resolve the endogenous cause
2. Eliminating irritants in the atmosphere particularly stop the smoking
3. Symptomatic treatment

Trench mouth - MEDizzy
800x533 - https://medizzy.com/feed/72911...

O C & P - VINCENT'S ANGINA -...
477x311 - https://specialist-ent.com/o-c-p-...

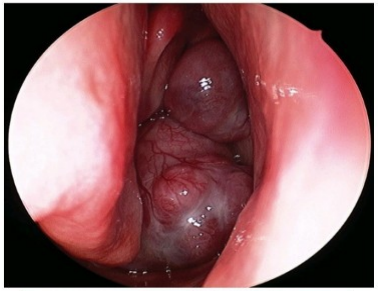
Chronic tonsillitis (Kissing tonsils)

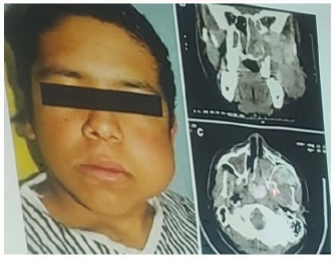


Juvenile Nasopharyngeal Angi...
442x522 - https://www.semanticscholar.or...

xtraoral photograph of the patient showin

Juvenile Nasopharyngeal Angi...
685x626 - https://link.springer.com/chapte...





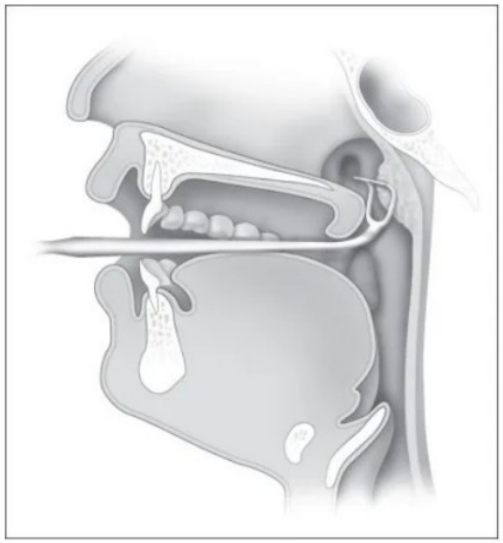


FIG. 70.1
Placement of adenoid curette. Note how curve of instrument approximates contour of skull base for effective removal of tissue without damage to underlying structures.

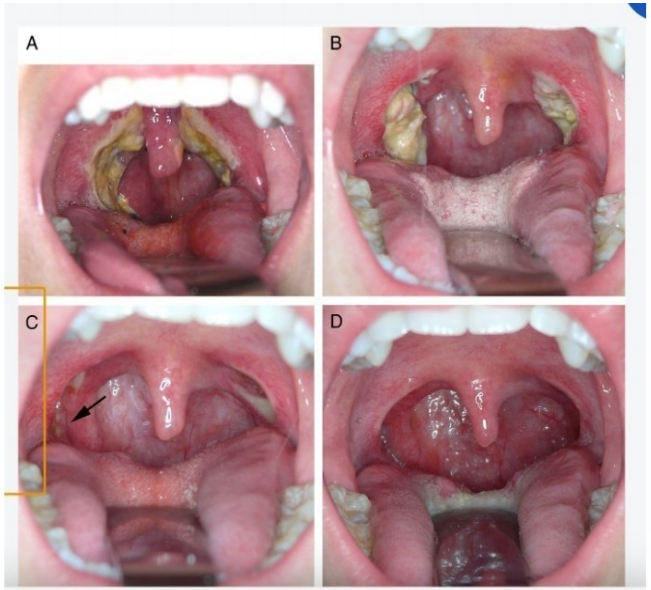
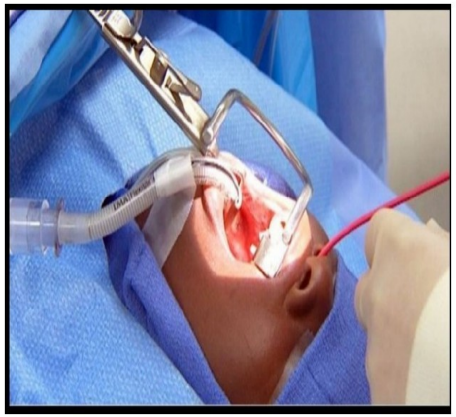
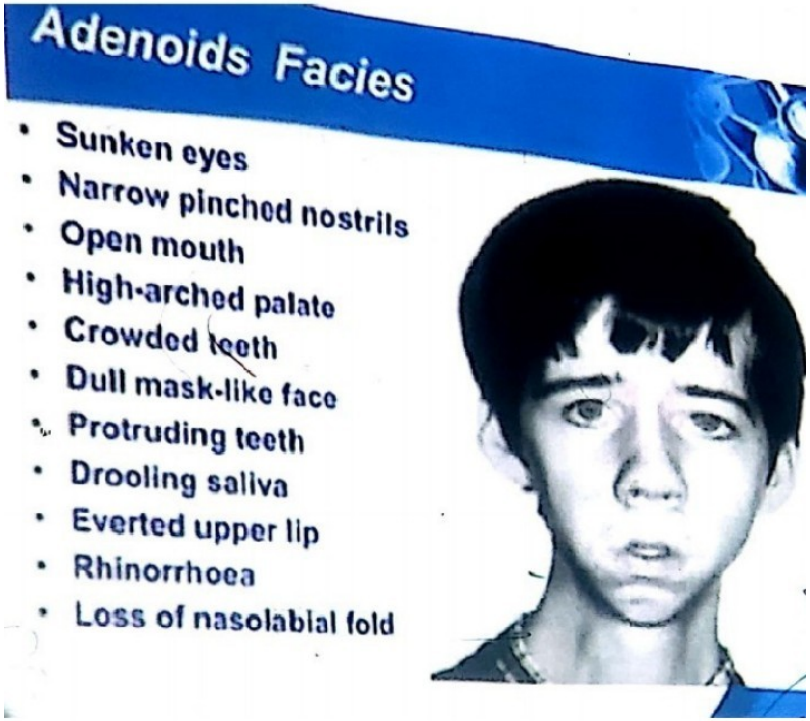


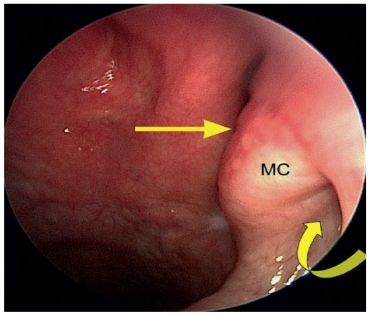
FIGURE 3 Sequential postoperative appearance of the oropharynx after tonsillectomy. A, Day 1.

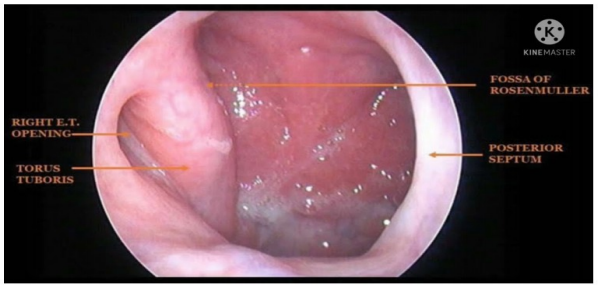
Boyle-Davis Mouth Gag | Sklar...
400x400 - https://www.sklarcorp.com/boyl...

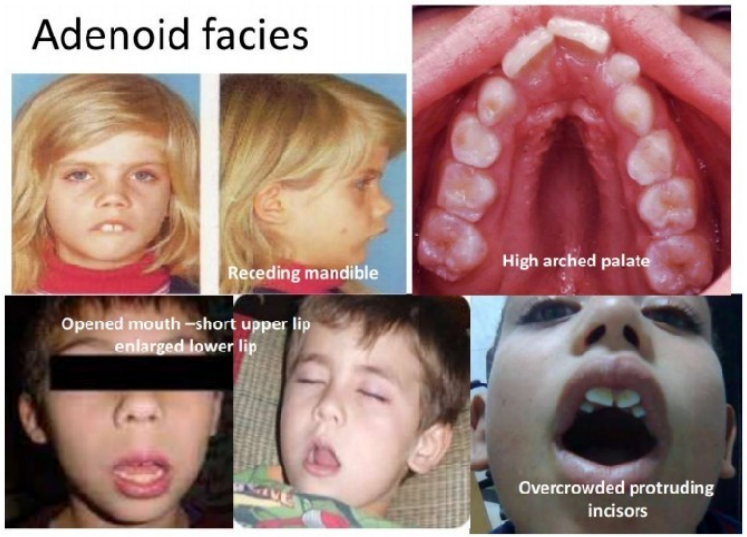


Patient Position During Tonsillectomy


Adenoids Facies
Sunken eyes
Narrow pinched nostrils
Open mouth
High-arched palate
Crowded teeth
Dull mask-like face
Protruding teeth
Drooling saliva
Everted upper lip
Rhinorrhoea
Loss of nasolabial fold

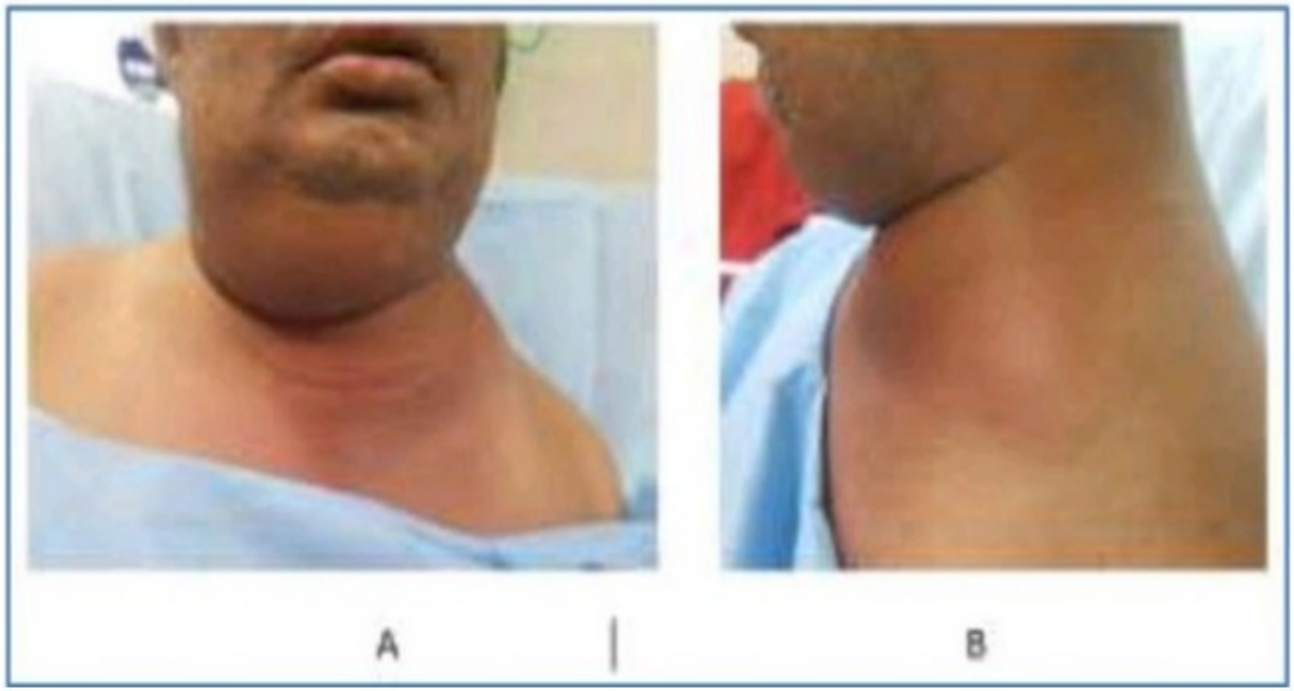

MC


KINEMASTER
FOSSA OF ROSENMULLER
RIGHT E.T. OPENING
POSTERIOR SEPTUM
TORUS TUBORIS


Adenoid facies
Receding mandible
High arched palate
Opened mouth –short upper lip
enlarged lower lip
Overcrowded protruding incisors

Acute retropharyngeal absces...

652x322 - https://www.semanticscholar.or...



Incomplete Cleft Palate

Before Repair

Complete Cleft Palate

Before Repair

Incomplete Bilateral Cleft Lip

Before Repair

Bifid uvula: Causes, complicati...
1100x806 - https://www.medicalnewstoday...

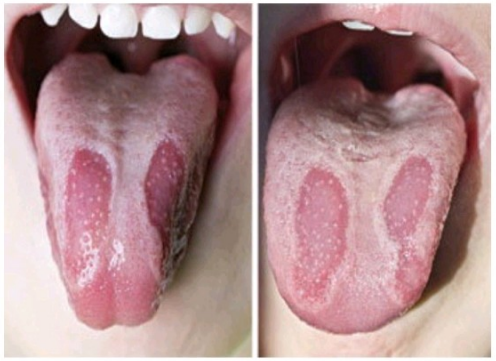
I have two uvulas : r/mildlyinte...
3024x4032 - https://www.reddit.com/r/mil...

Swollen uvula: Causes, sympt...
1296x728 - https://www.medicalnewstoday...

ABDLWHB QUSHAISH

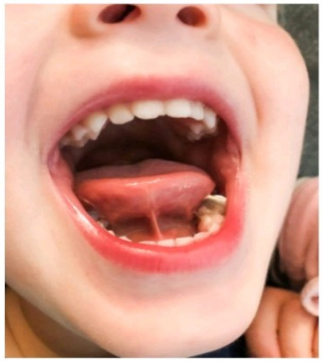
Fig. 4.24 Black hairy tongue. Patients not infrequently regard the appearance of their tongue as an index of their general health, and are concerned upon seeing a brown-black staining. This may be fungal (Aspergillus niger) and related to prolonged antibiotic therapy, but is frequently a chance finding with no other pathology than hypertrophy of the filiform papillae. Tobacco may be a cause. Scraping and cleaning the tongue temporarily improves the appearance, but is unnecessary since this condition is harmless.

Geographic Tongue - Dentist I...
350x210 - http://www.drswaltonandcardma...



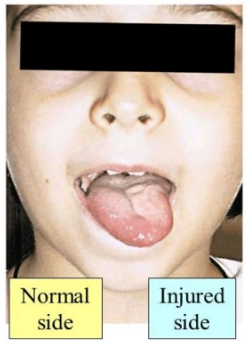
Fissured tongue - Wikipedia
1298x1298 - https://en.wikipedia.org/wiki/...

Tongue Tie



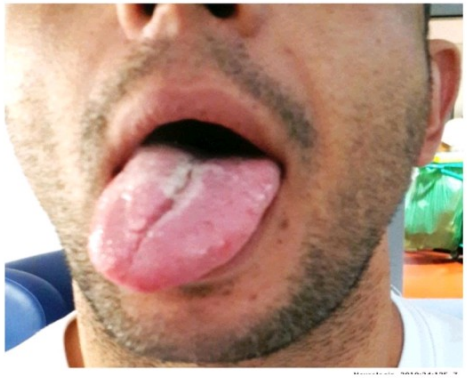
Hypoglossal Nerve Injury

- Exiting foramen = hypoglossal canal
- Origin = medulla oblongata
- Test:
- Ask patient to stick out tongue
- Symptoms of nerve damage:
- When paralyzed, the tongue will point to the damaged side



36

Isolated hypoglossal nerve pal...
975x947 - https://www.elsevier.es/en-revist...



Unilateral Hypoglossal Nerve...
673x716 - https://europepmc.org/article/m...

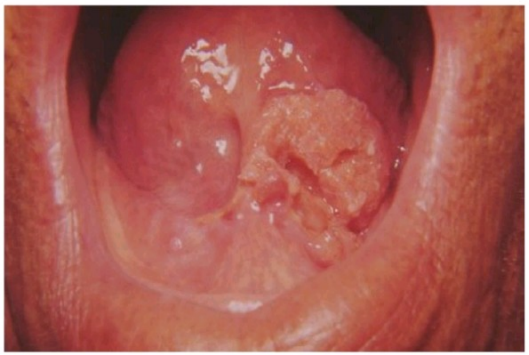


Fig. 4.34 Carcinoma of the tongue. This usually occurs on the margin or from the extension of an ulcer on the floor of the mouth (as shown here). Biopsy of this proliferative ulcer showed squamous cell carcinoma. Partial glossectomy in continuity with a neck dissection, or radiotherapy, are the current treatments.

Fig. 4.35 Leukoplakia. This is precarcinomatous on the tongue. It may be secondary to dental or dietary irritation. Leukoplakia is also characteristic of tertiary syphilis, and the tongue is a site where the spirochaete predisposes to carcinoma. Leukoplakia, particularly with no apparent underlying traumatic cause, should be biopsied to exclude carcinoma.

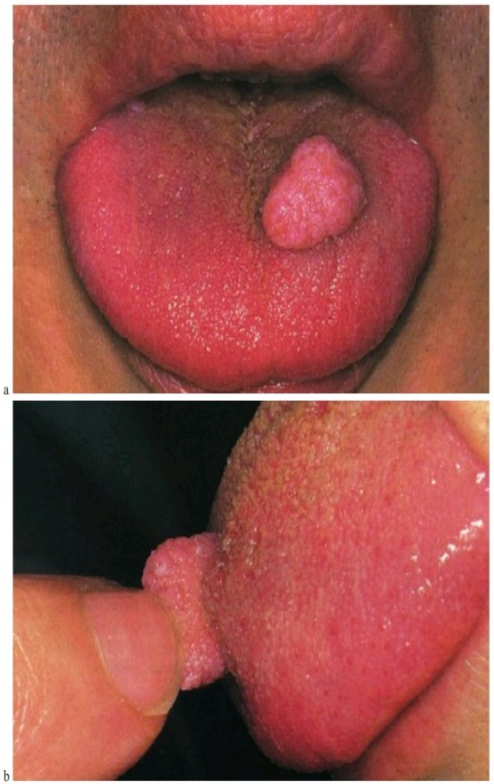
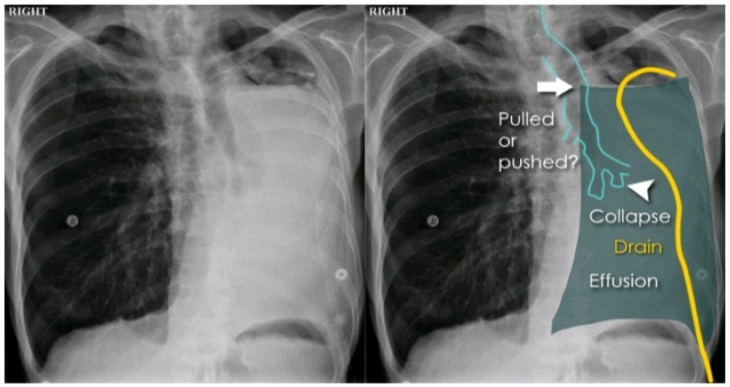
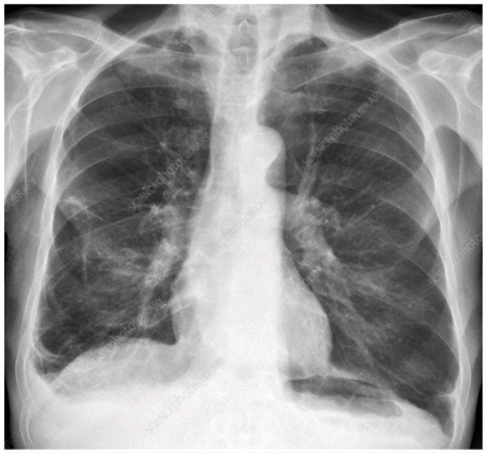


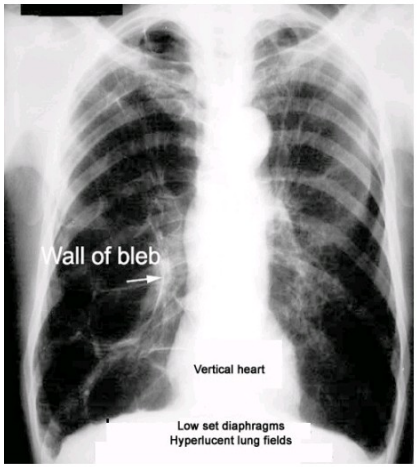
Fig. 4.26a, b Papilloma of the tongue. Benign lesions of the tongue are common, and are either sessile or pedunculated (b). Simple excision under local anesthetic with biopsy is required.

Chest X-ray - Airways and lung...
900x509 - https://www.radiologymastercla...

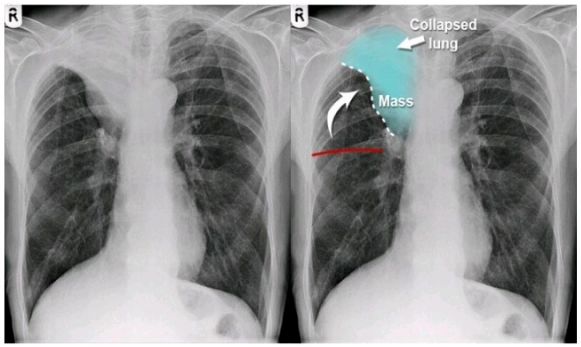


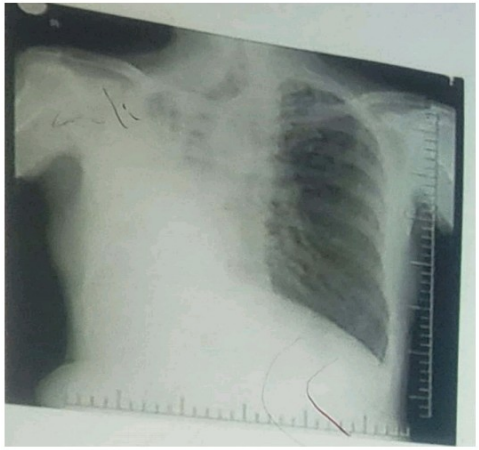
Emphysema, X-ray - Stock Ima...
800x789 - https://www.sciencephoto.com/...

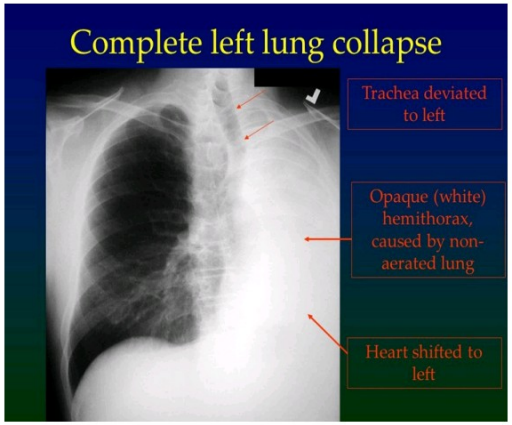




Chest X-ray - Lung cancer - Lo...
900x487 - https://www.radiologymastercla...






Complete left lung collapse
Trachea deviated to left
Opaque (white) hemithorax, caused by non-aerated lung
Heart shifted to left

ORAL

#شفوي.

#Pharyngs

1- D. D of Pseudomembrane formation in pharyngs?

2- what is bezolt abcess?

3- what is the silent area in head and neck?

4- ttt of acute tonsillitis?

5- pharyngeal abcess?

6- extra Esophageal manifestation of GE?

7- couses of Diphtheria and Treatment?

8- symptoms of adneoid hypertrophy and indication of adnenoectomy?

9_ acute specific pharyngitis?

10_ C. I of tonsillectomy?

11_ waldeyer's ring conesist of...?

12- How to differential between acute tonsillitis and diaphtheria?

13- singe and ttt of peritonsilar abces?

14- post pharyngeal mass: couses, sign and ttt?

15- what is vincent angina?

16- what is adenoid?

17- D. D of whitish area on tonsil?

18- DD of acute tonsillitis?

19- DD of diaphtheria?

20- what is angiofibroma?

الخطوات الصغيرة + الإستمرارية = تحقيق المُحال

A.A.A. QUSHAISH